

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Family or pediatric nurse practitioner	Fee schedule	Fee schedule in effect 6/30/98 plus 2%
Federally qualified health centers (FQHC)	Retrospective cost-related	1. Reasonable cost as determined by Medicare cost reimbursement principles 2. In the case of services provided pursuant to a contract between an FQHC and a managed care organization (MCO), reimbursement from the MCO shall be supplemented to achieve "1" above
Genetic consultation clinics	Fee schedule	Reimbursement rate for clinic in effect 6/30/98 plus 2%
HCBS AIDS/HIV waiver service providers, including:		
1. Counseling		
Individual:	Fee schedule	\$9.80 per unit
Group:	Fee schedule	\$39.20 per hour
2. Home health aide	Retrospective cost-related	Maximum Medicare rate in effect on 6/30/98 plus 2%
3. Homemaker	Fee schedule	\$18 per hour
4. Nursing care	Agency's financial and statistical cost report and Medicare percentage rate per visit	Cannot exceed \$72.80 per visit

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
5. Respite care providers, including:		
In-home:		
Home health agency	Fee schedule	\$104 per 4- to 8-hour unit
Out-of-home:		
Nursing facility, or intermediate care facility for the mentally retarded	Prospective reimbursement	Limit for nursing facility level of care
Hospital or skilled nursing facility	Prospective reimbursement	Limit for skilled nursing facility level of care
Foster group care	Prospective reimbursement	P.O.S. contract rate
Foster family home	Fee schedule	Emergency care rate (See 156.11(2))
Camps	Fee schedule	\$115 per day
Hourly rate providers		
Adult day care	Fee schedule	\$12 per hour
HCBS MR waiver	Fee schedule See 79.1(15)	\$12 per hour
Home care agency	Fee schedule	\$12 per hour
Home health agency	Fee schedule	\$12 per hour
Day camp	Fee schedule	\$12 per hour
6. Home-delivered meal providers	Fee schedule	\$7 per meal. Maximum of 14 meals per week
7. Adult day care	Fee schedule	Veterans administration contract rate or \$20 per half day, \$40 per full day, or \$60 per extended day if no veterans administration contract.
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
HCBS brain injury waiver service providers, including:		
1. Supported community living IAC 5/6/98	Retrospectively limited prospective rates. See 79.1(15)	\$32 per hour, \$72.17 per day.
2. Respite care providers, including:		
Nonfacility care:	Retrospectively limited prospective rates. See 79.1(15)	\$12 per hour, \$104 per 4-to 8-hour day
Facility care:		
Hospital or skilled nursing facility	Prospective reimbursement	Limit for skilled nursing facility level of care
Nursing facility or intermediate care facility for the mentally retarded	Prospective reimbursement	Limit for nursing facility level of care
Foster group care	Prospective reimbursement. See 441—185.106(234)	Rehabilitative treatment and supportive services rate
3. Personal emergency response system	Fee schedule	Initial one-time fee of \$45. Ongoing monthly fee of \$35.
4. Case management	Fee schedule	\$571.49 per month
5. Supported employment:		
a. Instructional activities to obtain a job	Fee schedule	\$34.02 per day
b. Initial instructional activities on the job	Retrospectively limited prospective rates. See 79.1(15)	\$15.46 per hour
c. Enclave	Retrospectively limited prospective rates. See 79.1(15)	\$5.67 per hour
d. Follow-along	Fee schedule See 79.1(17)	\$257.75 per month
6. Transportation	Fee schedule	State per mile rate
7. Adult day care	Fee schedule	\$20 per half day, \$40 per full day, or \$60 per extended day
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day
9. Home and vehicle modification	Fee schedule	\$500 per month, not to exceed \$6,000 per year
10. Specialized medical equipment	Fee schedule	\$500 per month, not to exceed \$6,000 per year
11. Behavioral programming	Fee schedule	\$9.80 per 15 minutes

<u>Provider category</u> IAC 9/9/98	<u>Basis of reimbursement</u>	<u>Upper limit</u>
12. Family counseling and training	Fee schedule	\$39.20 per hour
13. Prevocational services	Fee schedule. See 79.1(17)	\$34.02 per day
HCBS elderly waiver service providers, including:		
1. Adult day care	Fee schedule	Veterans administration contract rate or \$20 per half day, \$40 per full day, or \$60 per extended day if no veterans administration contract.
2. Emergency response system	Fee schedule	Initial one-time fee \$45. Ongoing monthly fee \$35.
3. Home health aides	Retrospective cost-related	Maximum Medicare rate in effect on 6/30/98 plus 2%
4. Homemakers	Fee schedule	Maximum of \$18 per hour
5. Nursing care	Fee schedule as determined by Medicare	\$72.80 per visit
6. Respite care providers, including: In-home:		
Home health agency	Fee schedule	\$104 per 4- to 8-hour unit
Out-of-home:		
Nursing facility	Prospective reimbursement	Limit for nursing facility level of care
Hospital or skilled nursing facility	Prospective reimbursement	Limit for skilled nursing facility level of care
Hourly rate providers		
Adult day care	Fee schedule	\$12 per hour
Day camp	Fee schedule	\$12 per hour
Home care agency	Fee schedule	\$12 per hour
Home health agency	Fee schedule	\$12 per hour
HCBS MR waiver	Fee schedule See 79.1(15)	\$12 per hour
7. Chore providers	Fee schedule	\$7 per half hour
8. Home-delivered meal providers	Fee schedule	\$7 per meal. Maximum of 14 meals per week.
9. Home and vehicle modification providers	Fee schedule	\$1000 lifetime maximum
10. Mental health outreach providers	Fee schedule	On-site Medicaid reimbursement rate for center or provider. Maximum of 1440 units per year

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11. Transportation providers	Fee schedule	State per mile rate for regional transit providers or rate established by area agency on aging.
12. Nutritional counseling	Fee schedule	\$7.50 per quarter hour
13. Assistive devices	Fee schedule	\$100 per unit
14. Senior companion	Fee schedule	\$6 per hour
15. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day
HCBS ill and handicapped waiver service providers, including:		
1. Homemakers	Fee schedule	\$18 per hour
2. Home health aides	Retrospective cost-related	Maximum Medicare rate in effect on 6/30/98 plus 2%
3. Adult day care	Fee schedule	Veterans administration contract rate or \$20 per half day, \$40 per full day, or \$60 per extended day if no veterans administration contract.

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
4. Respite care providers, including:		
In-home:		
Home health agency	Fee schedule	\$104 per 4- to 8-hour unit
Out-of-home:		
Hospital or skilled nursing facility	Prospective reimbursement	Limit for skilled nursing facility level of care
Nursing facility, or intermediate care facility for the mentally retarded	Prospective reimbursement	Limit for nursing facility level of care
Foster group care	Prospective reimbursement. See 441—185.106(234)	Rehabilitative treatment and supportive services rate
Foster family home	Fee schedule	Emergency care rate (See 156.11(2))
Camps	Fee schedule	\$115 per day
Hourly rate provider		
Adult day care	Fee schedule	\$12 per hour
HCBS MR waiver	Fee schedule	\$12 per hour
Home care agency	Fee schedule	\$12 per hour
Home health agency	Fee schedule	\$12 per hour
Day camp	Fee schedule	\$12 per hour
5. Nursing	Agency's financial and statistical cost report and Medicare percentage rate per visit	Cannot exceed \$72.80 per visit
6. Counseling		
Individual:	Fee schedule	\$9.80 per unit
Group:	Fee schedule	\$39.20 per hour
7. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
HCBS MR waiver service providers, including:		
1. Supported community living	Retrospectively limited prospective rates. See 79.1(15)	\$32 per hour, not to exceed a total per month of \$72.17 times the number of days in the month. \$72.17 per day. Variations to the upper limit may be granted by the division of medical services when cost-effective and in accordance with the service plan as long as the state-wide average remains at or below \$72.17 per day.
2. Respite care providers, including:		
Nonfacility care:	Retrospectively limited prospective rates. See 79.1(15)	\$12 per hour
Facility care:		
Hospital or skilled nursing facility	Prospective reimbursement	Limit for skilled nursing facility level of care
Nursing facility or intermediate care facility for the mentally retarded	Prospective reimbursement	Limit for nursing facility level of care
Foster group care	Prospective reimbursement. See 441—185.106(234)	Rehabilitative treatment and supportive services rate
3. Supported employment		
a. Instructional activities to obtain a job	Fee schedule	\$34.02 per day. Maximum of 80 units, 5 per week, limit 16 weeks
b. Initial instructional activities on the job	Retrospectively limited prospective rates. See 79.1(15)	\$15.46 per hour. Maximum of 40 units per week
c. Enclave	Retrospectively limited prospective rates. See 79.1(15)	\$5.67 per hour. Maximum of 40 units per week
d. Follow-along	Fee schedule See 79.1(15)	\$257.75 per month. Maximum of 12 units per fiscal year or \$8.45 per day for a partial month

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
4. Nursing	Fee schedule as determined by Medicare	Maximum Medicare rate
5. Home health aides	Retrospective cost-related	Maximum Medicare rate in effect on 6/30/98 plus 2%
6. Personal emergency response system	Fee schedule	Initial one-time fee of \$37.40. Ongoing monthly fee of \$25.50
7. Home and vehicle modifications	Contractual rate. See 79.1(15)	Maximum amount of \$5,000 per consumer lifetime
8. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day
HCBS physical disability waiver service providers, including:		
1. Consumer-directed attendant care:		
Agency provider	Fee agreed upon by consumer and provider	\$18 per hour \$104 per day
Individual provider	Fee agreed upon by consumer and provider	\$12 per hour \$70 per day
2. Home and vehicle modification providers	Fee schedule	\$500 per month, not to exceed \$6000 per year
3. Personal emergency response system	Fee schedule	Initial one-time fee of \$45. Ongoing monthly fee of \$35.
4. Specialized medical equipment	Fee schedule	\$500 per month, not to exceed \$6000 per year
5. Transportation	Fee schedule	State per mile rate for regional transit providers, or rate established by area agency on aging. Reimbursement shall be at the lowest cost service rate consistent with the consumer's needs.

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Hearing aid dealers	Fee schedule plus product acquisition cost	Fee schedule in effect 6/30/98 plus targeted increases*
Home health agencies (Encounter services- intermittent services)	Retrospective cost-related	Maximum Medicare rate in effect on 6/30/98 plus 2%
(Private duty nursing or personal care and VCF vaccine administration for persons aged 20 and under)	Interim fee schedule with retrospective cost settling based on Medicare methodology	Retrospective cost settling according to Medicare methodology not to exceed the rate in effect on 6/30/98 plus 2%
Hospices	Fee schedule as determined by Medicare	Medicare cap (See 79.1(14) "d")